

# CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

3/17/04

Date \_\_\_\_\_

Rebecca A. Westers

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2823  
Examiner : G. Fourson  
Applicant : John K. Roberts et al.  
Appln. No. : 09/935,443  
Filing Date : August 23, 2001  
Confirmation No. : 9576

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

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Alexandria, Virginia 22313-1450

Dear Sir:

Enclosed is an Amendment in response to the Office Action dated September 17, 2003. The items checked below are appropriate:

X Applicants hereby petition for a three-month extension of time to respond to the above Office Action. The fee of \$950 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

## CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*43	Minus	**20	=23	x \$9	\$00	X \$ 18	\$207
Independent Claims	*4	Minus	***3	=01	x \$43	\$00	X \$ 86	\$ 86
First Presentation of Multiple Dependent Claims \$145						\$	X \$290	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$293

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Page : 2

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

\_\_\_ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.

\_\_\_ No additional fee is required.

\_\_\_ A fee of \_\_\_\_\_ to cover the cost of the additional claims added by this response is enclosed.

\_\_\_ A fee of \_\_\_\_\_ to cover Petition for Extension of Time is enclosed.

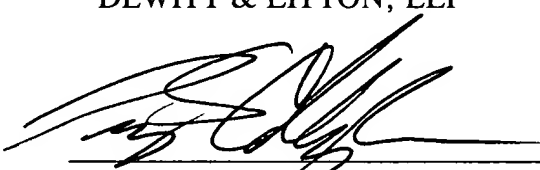
X  A check in the amount of \$1243 is enclosed to cover the above fees.

X  Please charge any additional fees or credit overpayment to Deposit Account 16 2463.  
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON, LLP

Date

3-17-2004

  
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TSC/rsw